



**FLEXIBLE BENEFIT CAFETERIA PLAN (SECTION 125)
Enrollment Agreement/Affidavit**

ENROLLMENT INFORMATION: Expense Period – January 1, 2019 through December 31, 2019

Name:	SSN:	Date of Birth:		
Address:	City:	State:	Zip:	Employee ID:
Date of Hire:		Date of Eligibility: 1-1-2019		Pay Cycle: B (Bi-weekly)

By enrolling, I understand that:

1. If at the end of the expense period, the total declared reduction in compensation exceeds the substantiated expenses, the IRS requires that any unused amount become the property of the employer and may not be paid to me in cash or used to provide benefits in a later plan year.
2. I can no longer deduct these expenses from my individual State and Federal income tax returns since they will be paid with non-taxed income.
3. I cannot change or revoke this compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse or such other events as the Plan Administrator determines will permit a change or revocation of an election).
4. The Plan Administrator will deduct any additional premium during the plan year if my fixed premium amounts increase.
5. The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it is believed advisable in order to satisfy certain provisions of the Internal Revenue Service Code.
6. This reduction in my taxable wage base will reduce my wages for Social Security purposes and may reduce Social Security benefits to be paid at death, retirement, or disability. I agree to hold harmless the Administrator and its representatives for any loss of Social Security Benefits, which is a result of participation in the Section 125 Plan.
7. **Total Annual Maximum Election amount allowed for Unreimbursed Medical Expenses Plan is \$2,700.00**

Yes, I want to enroll. This agreement is subject to the terms of the Plan Document for the above named Flexible Benefit Cafeteria Plan, in effect and as amended from time to time, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation redirection agreement relating to such plan(s). Under penalties or perjury, I certify that I have examined this affidavit and to the best of my knowledge and belief, it is true, correct and complete.

Employee's Signature: _____ **Date:** _____

PARTICIPATION/REDUCTION AMOUNTS: I hereby authorize **City of Fond du Lac**, hereinafter referred to as the Plan Administrator, to reduce my gross monthly wages on a pre-tax basis by the amounts stated below for the above expense period. Each of the amounts indicated are reimbursable and satisfy the requirements of the Section 125 Flexible Benefit Plan.

Annual Election Amounts

A. Unreimbursed Medical	\$	_____	(Annual Max \$2700)
B. Dependent Care	\$	_____	(Annual Max \$5000)

Annual amounts will be broken down by pay period and may be rounded, if necessary.

Automatic Rollover Election

*This option may be elected if Auxiant is also providing administration for your Medical and/or Dental plan. If you elect Automatic Rollover, the claims that go to the medical/dental plan can automatically be "rolled over" into your Flex plan as an automatic claim under Flex for out-of-pocket amounts—deductibles, copays, coinsurance, etc. **If anyone in your family has ADDITIONAL insurance. (Auxiant coverage plus other insurance coverage) automatic rollover cannot be elected.***

If no one has other insurance, and you do have Auxiant as a Medical and/or Dental Administrator, you have the option to mark "Yes" to Automatic Rollover.

Do I want Automatic Rollover (circle one):	Yes	No
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No, I don't want to enroll in Flex. I acknowledge that I have been informed of the above referenced plan. I hereby elect not to participate. I understand that this waiver will remain in effect for the remainder of this plan year, but that I may decide to participate in later plan years by making an election to participate during the election period prior to each plan year.

Employee's Signature: _____ **Date:** _____